

American Board of Orthodontics: Time for change

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The American Board of Orthodontics (ABO) works to certify orthodontists in a fair, reliable, and valid manner. The process must examine an orthodontist's knowledge, abilities, and critical thinking skills to ensure that each certified orthodontist has the expertise to provide the highest level of patient care. Many medical specialty boards and 4 American Dental Association specialty boards use scenario-based testing for board certification. Changing to a scenario-based clinical examination will allow the ABO to test more orthodontists. The new process will not result in an easier examination; standards will not be lowered. It will offer an improved testing method that will be fair, valid, and reliable for the specialty of orthodontics while increasing accessibility and complementing residency curricula. The ABO's written examination will remain as it is. (Am J Orthod Dentofacial Orthop 2018;153:321-3)

As the practice of orthodontics continues to evolve, the American Board of Orthodontics (ABO) recognizes the need to adapt and refine its role in strengthening the specialty while continuing to protect the public and promote clinical excellence. To adapt requires continued self-evaluation to ensure that the Board provides a process that adheres to its mission to elevate the quality of orthodontics through certification, education, and professional collaboration.

The ABO has a responsibility to the specialty and the public to certify orthodontists in a fair, reliable, and valid manner. The process must examine an orthodontist's knowledge, abilities, and critical thinking skills to ensure that each certified orthodontist has developed exceptional expertise and is capable of providing the highest level of patient care. Change to the current examination process is required to better allow the Board to test more orthodontists for proficiency and clinical excellence.

Review process and perspective

Reviews of the ABO's written and clinical examinations are ongoing processes. Historically, significant changes to the examinations followed extensive evaluation and research over many years, and included input from key orthodontic leaders. The current decision for change followed the same path. It began with significant input from those attending the 2016 ABO Educators' Symposium, which highlighted challenges to the examination structure based on the changing environment.

Feedback from the ABO's certification survey in March 2017 produced additional support for change in the certification process. The survey showed that the overwhelming majority of orthodontists believe that ABO certification is a designation that all orthodontists graduating from a specialty program accredited by the Commission on Dental Accreditation (CODA) should strive to obtain. The survey also indicated that there are unwarranted barriers in the current certification process. Length of residency programs, increases in corporate and dental support organization work environments, and testing based on treated patients were a few of the barriers that were stated.

The ABO elected to research and observe other dental and medical specialty boards to ensure adherence to best practices. Currently, the clinical examinations of 4 of the American Dental Association's recognized dental specialty boards are completely scenario-based (American Board of Oral and Maxillofacial Pathology, American Board of Oral and Maxillofacial Surgery, American Board of Pediatric Dentistry, and American Board of

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Periodontology). Also, the orthodontics oral examination of the Royal College of Dentists of Canada is entirely scenario-based. The majority of the American Board of Medical Specialties' member boards also offer scenario-based certification examinations.

The Board's extensive evaluations, combined with research of best practices, support the decision that a new design is needed to give an examination that is fair, valid, and reliable, while increasing accessibility. To facilitate the development of a new examination design, the ABO contracted with Castle Worldwide (Castle), a certification and licensure testing company with 30 years of experience in the science of psychometrics and training development. Castle facilitated a practice-analysis study, which began by defining the core proficiencies required of a successful orthodontist. The ABO and its consultants used the CODA Curriculum Standards and the American Association of Orthodontists (AAO) Clinical Practice Guidelines for Orthodontics and Dentofacial Orthopedics as the foundations in defining key skills and abilities.^{1,2}

The practice analysis provided the primary basis for defining the content domains or categories, as well as the proficiencies, that should be covered by the ABO Clinical Examination. These domains and proficiencies were then validated in August 2017 by key stakeholders with a survey of board-certified orthodontists, members of the AAO, residents, and educators. Once these were validated, Castle made recommendations for the best methods and best practices that could be used to evaluate each identified core proficiency. This exhaustive study resulted in the recommendation to move toward a scenario-based clinical examination.

During the most recent ABO Educators' Symposium (November 2017), over half (54%) of the survey respondents supported an immediate change to a scenario-based examination. Only 10% did not support a complete scenario examination. The remainder supported a slow transition to a scenario-based examination or a combination of cases and scenarios. This finding provided further impetus for the ABO to implement a change to a scenario-based examination.

The ABO believes that in today's climate a shift is needed to develop an examination that facilitates participation by all, while creating a measure of proficiency and expertise that most specialists should aspire to attain. The change to a scenario-based clinical examination structure is significant; the Board must look to current board-certified orthodontists for their support as it transitions to this new format. The new process will not result in an easier examination. Standards will not be lowered. The new process offers an improved testing method that will be fair, valid, and reliable for the

specialty of orthodontics while increasing accessibility and complementing residency curricula.

The change

The Clinical Examination design will vary significantly from the current version because patient cases will no longer be a requirement. The new oral scenario-based examination will be composed of 4 domains:

Data gathering and diagnosis	25%
Treatment objectives and planning	25%
Treatment implementation and management	25%
Critical analysis and outcomes assessment	25%

The tools previously created by the ABO to assess case outcomes will be used within the scenario-based examination process. They include the discrepancy index, cast radiograph evaluation, case management form, and cephalometric superimposition technique and interpretation. As an example, an examinee may be asked to demonstrate his or her ability to critically assess a case presented by the board. The ABO will also continue to encourage educators to use these tools in their programs for residents' self-evaluation and outcomes assessment.

Many examinees have reported that the opportunity for self-reflection and assessment is an important benefit associated with board certification. The actual process of evaluating cases, which will ultimately improve the clinical skills of an orthodontist, will continue to be crucial in preparation for the scenario-based examination.

The ABO Written Examination will remain as it is with a format of multiple-choice questions on biomedical sciences, clinical sciences, and orthodontics. Examinees will remain eligible to take the written examination once they have completed at least 18 months of a CODA-accredited orthodontic program. Orthodontists will be eligible to take the Clinical Examination immediately after completion of a CODA-accredited program as long as they have also successfully passed the Written Examination.

Certification Renewal is a critical component of the certification process because it requires a commitment to lifelong learning, and it ensures continued clinical proficiency, improvement, and self-evaluation by the orthodontist. The current certification renewal format will remain and includes 2 pathway options to complete the necessary requirements.

The directors of the ABO ask for the support of the community of orthodontists as we face new challenges for our specialty and the patients we serve. The new

scenario-based examination format will be implemented with the February examination in 2019. In the process of transitioning, the ABO will offer traditional Clinical Examinations in September 2018 and February 2019 by petition only. Those who have banked cases under the current examination format will be contacted directly by the ABO for options to complete the certification process. The examination schedule in 2019 will include test sessions in February and November with the possibility of adding a third examination. By increasing the number of ABO-certified AAO members, we strengthen our specialty. Together, we distinguish ourselves as specialists and further distinguish ourselves from other dental practitioners providing orthodontic care.

For more information on the changes and the process, please visit the ABO Web site at AmericanBoardOrtho.com. Look for resources and guidelines on the ABO Web site this summer to aid in preparation for the new examination design. You may also contact the ABO with your questions at Info@AmericanBoardOrtho.com or 314-432-6130.

REFERENCES

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